

**BOX SEQUENCE  
PATENT  
0760-0343PUS1**

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant:	Masateru YAMADA et al.	Conf.:	8519
Appl. No.:	10/523,689	Group:	1656
Filed:	February 3, 2005	Examiner:	S. Swope
For:	REMEDY OR PREVENTIVE FOR KIDNEY DISEASE AND METHOD OF DIAGNOSING KIDNEY DISEASE		

AMENDMENT

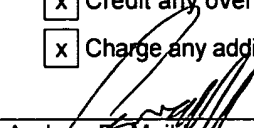
Commissioner for Patents  
P.O. BOX 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notification of Defective Response mailed May 8, 2006, the following amendments and remarks are respectfully submitted in connection with the above-identified application.

This Reply includes:

- Amendments** to the Sequence Listing begin on page 2 of this paper.
- Remarks/Arguments** begin on page 3 of this paper.
- An **Appendix** including the paper and CRF disk copy of the Sequence Listing is attached following page 3 of this paper.

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 0760-0343PUS1		
Application No. 10/523,689-Conf. #8519	Filing Date August 11, 2005	Examiner S. Swope	Art Unit 1656		
Applicant(s): Masateru YAMADA et al.					
Invention: REMEDY OR PREVENTIVE FOR KIDNEY DISEASE AND METHOD OF DIAGNOSING KIDNEY DISEASE					
<p><b>MS Amendment</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p> <p>Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.</p>					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	20	- 20 =		x	
<b>Independent Claims</b>	3	- 3 =		x	
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Andrew D. Meikle Attorney Reg. No.: 32,868			Dated: <u>June 7, 2006</u>		
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					